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FEC

STATEMENT OF

FORM 1		ORGANIZ	Office Use Only				
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)		nple:If typing, type the lines.	12FE4M5	5	
TEACHERS INSU	RANCE A	NNUITY ASSOC OF AM	IERICA C	OLLEGE RETIREM	IENT EQUITI	ES FUND F	PAC TIAA-CREF
ADDRESS (number and street)		1101 Pennsylvania Avenu	ie NW				
(Check if ad	ldress	Suite 800					
(Check if address is changed)		Washington			DC	20004	
			CITY		STATE	ZII	P CODE
COMMITTEE'S E-MA (Check if a is changed	address	S (Please provide only one pac@tiaa-cref.org	e-mail add	ress)			
COMMITTEE'S WEB	PAGE ADD						
(Check if a is changed		www.tiaa-crefpac.org					
2. DATE 04		2018					
3. FEC IDENTIFIC	ATION NU	мвек С	C0043136 ²				
4. IS THIS STATEN	MENT	NEW (N) OR	×	AMENDED (A)			
I certify that I have e		is Statement and to the be	est of my k	nowledge and belief in	t is true, correc	t and comple	ete.
Signature of Treasure	<i>Mr. Lari</i> r	ry M. Chadwick		[Electronically Filed]	Date 04	M / D D D 18	2012
NOTE: Submission of f		ous, or incomplete informatio					s of 2 U.S.C. §437g.
Office Use Only				For further information of Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100			FORM 1 ed 02/2009)